



## **Renewal**

**Please return the AGED Application ASAP**

**You must apply for renewal no later than February 1, 2010**

Dear Renewal Applicant:

Enclosed is the Real Property Tax Senior Citizen's Exemption renewal application. For your convenience we encourage you to **mail** in your application to avoid any long lines.

**PLEASE READ ALL DIRECTIONS AND QUESTIONS CAREFULLY.** Include copies of your **2008** Social Security SSA-1099 statement and your **2008** Federal and New York State tax returns (including schedules) if you are required to file. If you do not file tax returns, you must submit all **2008** year end 1099 statements to verify **2008** income.

**Easy! The Assessment staff will complete the income portion of the renewal application.** Your **2008** income cannot exceed **\$37,400**. We encourage you to submit your application even if you believe you are over the income limit. You may be eligible for an Enhanced STAR tax exemption that has an income ceiling of **\$74,700**.

**Easy! You have already received the **2008** papers you need to file your renewal.** Your completed **application must be received by the Bureau of Assessment no later than February 1, 2010.** Prompt renewal will help assure that you continue to receive the benefits of this exemption.

**All approved Senior Citizens Exemptions will automatically receive the Enhanced STAR exemption.**

As always, we are available to help you. Please call the **Exemption Hot-Line at (585)428-6994** Monday through Friday between 9:00 a.m. and 5:00 p.m. if you need assistance. Easy!

Warmest regards,

Thomas G. Huonker  
City Assessor

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# City of Rochester, New York

# PROPERTY TAX AGED EXEMPTION 2010-2011 RENEWAL APPLICATION

**THIS APPLICATION BY LAW MUST BE RECEIVED BY ASSESSOR  
NO LATER THAN FEBRUARY 1, 2010**

|                                                                                                                                                     |                                                      |                                                                                                    |          |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------|-----------|
| Did applicant(s) file for <b>2008</b> :                                                                                                             | Federal Income Tax Return?<br>New York State Return? | Yes<br>Yes                                                                                         | No<br>No |           |
| If <b>YES</b> for either, attach a <b>COPY</b> of the complete return(s) and schedules and a <b>COPY</b> of the <b>2008</b> Social Security 1099's. |                                                      |                                                                                                    |          |           |
| If <b>NO</b> , submit all <b>2008</b> income statements (1099's)                                                                                    |                                                      |                                                                                                    |          |           |
| <b>SEE OTHER SIDE =====&gt;</b>                                                                                                                     |                                                      |                                                                                                    |          |           |
| <b>DO NOT WRITE IN SPACES BELOW, FOR OFFICE USE ONLY</b>                                                                                            |                                                      |                                                                                                    |          |           |
|                                                                                                                                                     | SOCIAL SECURITY (FORM SSA-1099)                      | <b>X</b>                                                                                           |          | <b>\$</b> |
|                                                                                                                                                     | SOCIAL SECURITY (SPOUSE)                             |                                                                                                    | <b>X</b> |           |
| PENSIONS & ANNUITIES                                                                                                                                |                                                      |                                                                                                    |          |           |
|                                                                                                                                                     |                                                      |                                                                                                    |          |           |
| INTEREST ON SAVINGS, BONDS, NOTES MORTGAGES                                                                                                         |                                                      |                                                                                                    |          |           |
|                                                                                                                                                     |                                                      |                                                                                                    |          |           |
| WAGES                                                                                                                                               |                                                      |                                                                                                    |          |           |
| IRA INCOME                                                                                                                                          |                                                      |                                                                                                    |          |           |
| STOCK DIVIDENDS                                                                                                                                     |                                                      |                                                                                                    |          |           |
|                                                                                                                                                     |                                                      |                                                                                                    |          |           |
| RENTAL INCOME                                                                                                                                       |                                                      |                                                                                                    |          |           |
| OTHER (LIST)                                                                                                                                        |                                                      |                                                                                                    |          |           |
| Total amount paid to residential health care facility. \$ _____                                                                                     |                                                      | <b>TOTAL INCOME</b> <span style="font-size: 1.5em; vertical-align: middle;"><b>\$</b></span> _____ |          |           |

**NOTE: You can only have one Aged exemption in New York State.**

AGERNF

**PLEASE ANSWER THE FOLLOWING:** (Attach additional sheets if explanation is necessary)

YES  
NO

Is there another person the City should contact if we have any questions regarding your application?

Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
e-mail: \_\_\_\_\_

YES  
NO

Are any school-age children (including tenant children) residing on the property? If **YES**, which schools do they attend?

Student Name

Grade Level

School Attended

\_\_\_\_\_  
\_\_\_\_\_

YES  
NO

Since filing last year's application, has there been any change in the **OWNERSHIP** of the property? If not previously submitted, please attach a copy of the Death Certificate for any owner who has died within the past 12 months.

YES  
NO

Since filing last year's application, has there been any change in the **OCCUPANCY** of the property? If the property is no longer your legal residence or an owner is confined to a health care facility, please provide a statement from the facility indicating amount paid in 2008.

YES  
NO

Since filing last year's application, has there been any change in the **USE** of the property? If the property is no longer used exclusively as a one, two, or three family residence, please explain.

**IMPORTANT NOTICE:**

**ALL OWNERS AND SPOUSES MUST SIGN THIS APPLICATION**

- ★ I certify that all statements submitted with this application are true and correct to the best of my belief and I understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years and a fine of not more than \$100.00.

SIGNATURE(S)

DATE

TELEPHONE #

SOCIAL SECURITY NUMBER

X \_\_\_\_\_ - - -  
YOUR SIGNATURE

X \_\_\_\_\_ - - -  
SPOUSE'S OR OTHER OWNER'S SIGNATURE

e-mail: \_\_\_\_\_

**IF YOU HAVE ANY QUESTIONS,  
PLEASE CALL: 585-428-6994**

Please

mail to:

City of Rochester  
Bureau of Assessment  
30 Church Street, Room 101A  
Rochester, NY 14614